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| Fill in this information to identify your case: | | |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | _ | |
| Case number (if known) | _ Chapter you are filing under: | |
| | ☐ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | Part 1: Identify Yourself | | | | | |
|-----|--|---|--|--|--|--|
| | | About Debtor 1: | | About Debtor 2 (Spouse Only in a Joint Case): | | |
| 1. | Your full name | | | | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Carlos First name J. Middle name Ponce Last name and Suffix (Sr., Jr., II, III) | | Susan First name M. Middle name Ponce Last name and Suffix (Sr., Jr., II, III) | | |
| 2. | All other names you have used in the last 8 years Include your married or | | | | | |
| | maiden names. | | | | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-8322 | | xxx-xx-7288 | | |

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Debtor 1 Carlos J. Ponce Debtor 2 Susan M. Ponce

Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | |
|---|---|--|---|--|--|--|
| 4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | | ■ I have not used any business name or EINs. Business name(s) EINs | ■ I have not used any business name or EINs. Business name(s) EINs | | | |
| 5. | Where you live | 303 E. 9th Street Lockport, IL 60441 Number, Street, City, State & ZIP Code | If Debtor 2 lives at a different address: Number, Street, City, State & ZIP Code | | | |
| | Will County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | | County If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | | |
| 6. | Check one: Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | |

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Debtor 1 Carlos J. Ponce Debtor 2 Susan M. Ponce Case number (if known) Part 2: Tell the Court About Your Bankruptcy Case The chapter of the Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under ☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for No. bankruptcy within the last 8 years? ☐ Yes. When Case number District When District Case number When District Case number 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Relationship to you Debtor When Case number, if known District Debtor Relationship to you When Case number, if known District 11. Do you rent your Go to line 12. No. residence? Has your landlord obtained an eviction judgment against you and do you want to stay in your residence? ☐ Yes.

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this

No. Go to line 12.

bankruptcy petition.

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| Dec | Susan M. Ponce | | | | Case number (if known) | | | | |
|---|---|-----------|--------------------------------------|---|---|--|--|--|--|
| | | | | | | | | | |
| Par | Report About Any Bu | ısinesses | You Own | as a Sole Proprie | etor | | | | |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | Part 4. | | | | | |
| | | ☐ Yes. | ☐ Yes. Name and location of business | | | | | | |
| | A sole proprietorship is a | | | | | | | | |
| | business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | | of business, if any | | | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Numb | er, Street, City, Sta | tte & ZIP Code | | | | |
| | it to this petition. | | Check | k the appropriate bo | ox to describe your business: | | | | |
| | | | | Health Care Busir | ness (as defined in 11 U.S.C. § 101(27A)) | | | | |
| ☐ Single Asset Real | | | | Single Asset Real | I Estate (as defined in 11 U.S.C. § 101(51B)) | | | | |
| ☐ Stockbroker (as defined i | | | | Stockbroker (as d | defined in 11 U.S.C. § 101(53A)) | | | | |
| ☐ Commodity Broker (a | | | | Commodity Broke | er (as defined in 11 U.S.C. § 101(6)) | | | | |
| | | | | None of the above | e | | | | |
| 13. Are you filing under Chapter 11, the court must know whether you are a small business debtor so that it can deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance shee and are you a small business debtor? If you are filing under Chapter 11, the court must know whether you are a small business debtor, you must attach your most recent balance shee operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, following the following the following that it can deadlines. If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, following the following that it can deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, following the following that it can deadlines. If you are filing under Chapter 11, the court must know whether you are a small business debtor, you must attach your most recent balance sheet operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, following the federal income tax return or if any of these documents do not exist, following the federal income tax return or if any of these documents do not exist, following the federal income tax return or if any of these documents do not exist. | | | | a small business debtor, you must attach your most recent balance sheet, statement of | | | | | |
| | For a definition of small | ■ No. | I am r | I am not filing under Chapter 11. | | | | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am fi Code. | | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy | | | | |
| | | ☐ Yes. | I am fi | ling under Chapter | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | | | | |
| Par | t 4: Report if You Own or | Have Any | / Hazardo | us Property or An | ny Property That Needs Immediate Attention | | | | |
| 14. | Do you own or have any | ■ No. | | | | | | | |
| | property that poses or is alleged to pose a threat | ☐ Yes. | | | | | | | |
| | of imminent and identifiable hazard to | | What is | the hazard? | | | | | |
| | public health or safety? Or do you own any property that needs immediate attention? | | | liate attention is why is it needed? | | | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | Where is | s the property? | | | | | | |
| | € | | | | Number, Street, City, State & Zip Code | | | | |
| | | | | | | | | | |

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Debtor 1 Carlos J. Ponce
Debtor 2 Susan M. Ponce Case number (if known)

Part 5: Explain Your

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 17-20993 Doc 1 Filed 07/14/17 Entered 07/14/17 10:38:08 Desc Main Document Page 6 of 65

| | otor 1 otor 2 | Carlos J. Ponce Susan M. Ponce | | Document | 1 age 0 0 | | ımber (if known) | |
|-----|------------------|--|-----------------------------------|---|---|-----------------------------------|---------------------------------|---|
| Par | t 6: | Answer These Questi | ons for Rep | orting Purposes | | | | |
| 16. | Wha | t kind of debts do nave? | 16a. A | Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." □ No. Go to line 16b. | | | | |
| | | | | Yes. Go to line 17. | | | | |
| | | | | Are your debts primarily busines noney for a business or investmen | | | | |
| | | | [| ☐ No. Go to line 16c. | | | | |
| | | | | ☐ Yes. Go to line 17. | | | | |
| | | | 16c. S | State the type of debts you owe that | at are not consur | ner debts or bus | siness debts | |
| 17. | | ou filing under oter 7? | ■ No. | am not filing under Chapter 7. Go | to line 18. | | | |
| | after | ou estimate that any exempt erty is excluded and | | am filing under Chapter 7. Do you are paid that funds will be available | | | | led and administrative expenses |
| | | nistrative expenses | | □ No | | | | |
| | be av | vailable for ibution to unsecured itors? | | □Yes | | | | |
| 18. | | How many Creditors do | 1 -49 | | 1 ,000-5,000 | | | 001-50,000 |
| | owe' | estimate that you ? | ☐ 50-99 ☐ 100-199 ☐ 200-999 | | □ 5001-10,000 □ 10,001-25,000 | | | 001-100,000 e than100,000 |
| 19. | estin | much do you nate your assets to orth? | \$100,00 | 0,000 - \$100,000 01 - \$500,000 01 - \$1 million | \$1,000,001 - \$10,000,001 - \$50,000,001 - \$100,000,001 | - \$50 million - \$100 million | □ \$1,0 □ \$10, | 0,000,001 - \$1 billion 000,000,001 - \$10 billion ,000,000,001 - \$50 billion e than \$50 billion |
| | | | | | | | | |
| 20. | | much do you nate your liabilities | □ \$0 - \$50 □ \$50.002 |),000 1 - \$100,000 | □ \$1,000,001 - □ \$10,000,001 | | | 0,000,001 - \$1 billion 000,000,001 - \$10 billion |
| | to be | ? | \$100,00 | 11 - \$500,000 11 - \$1 million | \$50,000,001 \$100,000,00 | - \$100 million | □ \$10 | 0,000,000,001 - \$50 billion re than \$50 billion |
| Par | t 7: | Sign Below | | | | | | |
| For | you | | I have exar | mined this petition, and I declare u | nder penalty of p | erjury that the in | nformation provide | ed is true and correct. |
| | | | | osen to file under Chapter 7, I am es Code. I understand the relief a | | | | |
| | | | | ey represents me and I did not pay I have obtained and read the notic | | | | to help me fill out this |
| | | | I request re | elief in accordance with the chapte | r of title 11, Unite | ed States Code, | specified in this p | petition. |
| | | | | nd making a false statement, conce case can result in fines up to \$250 | | | | |
| | | | | J. Ponce | | /s/ Susan M. Susan M. Po | | |
| | | | Carlos J. Signature of | | | Signature of D | | |
| | | | Executed o | DI July 14, 2017 MM / DD / YYYY | | Executed on | July 14, 2017 MM / DD / YYYY | |

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| Debtor 1 | Carlos J. Ponce | Document | Page 7 of 65 | | |
|----------|-----------------|----------|--------------|------------------------|--|
| Debtor 2 | Susan M. Ponce | | | Case number (if known) | |
| | | | | | |
| | | | | | |
| | | | | | |

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ William | P. Drew III | Date | July 14, 2017 | |
|-----------------|------------------------------|---------------|------------------------|--|
| Signature of | Attorney for Debtor | | MM / DD / YYYY | |
| William P. | Drew III | | | |
| Printed name | | | | |
| William P. | Drew III, Counselor at Law / | 6201098 | | |
| Firm name | | | | |
| 1063 E. 9t | h Street | | | |
| Lockport, | IL 60441 | | | |
| Number, Street, | City, State & ZIP Code | | | |
| Contact phone | (815) 838-1440 | Email address | billdrew@sbcglobal.net | |
| 6201098 | | | | |
| Bar number & S | tate | | | |

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| | | 1700.11111 | HI PAUE O ULOS |) | |
|---|-------------------------|-------------------|----------------|---|----------------------|
| Fill in this infor | mation to identify your | case: | | | |
| Debtor 1 | Carlos J. Ponce | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | Susan M. Ponce | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number | | | | | D Obert William |
| (if known) | | | | | ☐ Check if this is a |
| | | | | | amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| | | Your a | ssets |
|-----|---|-------------|-------------------------|
| | | Value | of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 180,000.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 9,917.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 189,917.00 |
| ⊃aı | t 2: Summarize Your Liabilities | | |
| | | | abilities It you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 148,853.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 35,719.00 |
| | Your total liabilities | \$ | 184,572.00 |
| ⊃aı | t 3: Summarize Your Income and Expenses | | |
| 1. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 4,496.57 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 4,096.00 |
| Par | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ır other sc | hedules. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | a personal | , family, or |

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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| Debtor 1 | Carlos J. Ponce | Docume | ent | Page 9 01 65 | |
|----------|-----------------|--------|-----|------------------------|--|
| Debtor 2 | Susan M. Ponce | | | Case number (if known) | |

| 8. | From the <i>Statement of Your Current Monthly Income</i> : Copy your total current monthly income from Official Form 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14. | \$_ | 4,059.82 |
|----|--|-----|----------|
| | | 1 - | |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Tot | al claim |
|--|------|----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$. | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| | Ca | ase 17-20993 | 3 Doc 1 | | 07/14/17 ument | Entered 07/14/17 Page 10 of 65 | 7 10:38:08 | B Des | c Main | |
|---------------|--|---|---|-----------|-----------------------------------|--|--------------------|---------------|---------------------------------|-------|
| FIII | in this infor | mation to identify | your case and th | is filing | : | | | | | |
| Deb | otor 1 | Carlos J. Po | | Name | | Last Name | | | | |
| Deh | otor 2 | Susan M. Po | | , radino | | Last Hamo | | | | |
| | use, if filing) | First Name | | Name | | Last Name | | | | |
| l Init | ad States Br | ankruptcy Court for | the: NORTHER | N DIST | RICT OF ILLIN | IOIS | | | | |
| Omi | led States Da | ankiupicy Court for | ule. NOITHER | IN DIOTI | (IOT OF ILLII) | 1010 | | | | |
| Cas | e number _ | | | | | - | | [| Check if this is amended filing | |
| _ | | orm 106A/B le A/B: P r | - | | | | | | 12/1 | 5 |
| hink nfori | it fits best. E mation. If more ver every ques | Be as complete and a re space is needed, a stion. | accurate as possibl attach a separate sl | e. If two | married people is form. On the | n asset fits in more than one of e are filing together, both are e e top of any additional pages, on or Have an Interest In | qually respons | ble for sup | olying correct | ou. |
| | | | | | | | | | | |
| . Do | o you own or | have any legal or eq | uitable interest in a | ny reside | ence, building, | land, or similar property? | | | | |
| | No. Go to Pa | rt 2. | | | | | | | | |
| | Yes. Where | is the property? | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1.1 | | | | What | is the property | ? Check all that apply | | | | |
| | 303 E. 9th | Street | | | Single-family h | nome | Do not deduct s | secured clain | ns or exemptions. Pu | ıt |
| | Street address | , if available, or other des | cription | _ | Duplex or mult | ti-unit building | the amount of a | ny secured o | claims on <i>Schedule I</i> | D: |
| | | | | _ | Condominium | or cooperative | Creditors wno | Have Claims | Secured by Propert | у. |
| | | | | Ц | | | | | | |
| | | | | | Manufactured | or mobile home | Current value | of the | Current value of th | е |
| | Lockport | <u> </u> | 60441-0000 | | Land | | entire property | | portion you own? | |
| | City | State | ZIP Code | | Investment pro | pperty | \$180,0 | 00.00 | \$180,000 | .00 |
| | | | | | Timeshare | | Describe the n | ature of you | ır ownership intere | st |
| | | | | | Other | | | | cy by the entireties | s, or |
| | | | | _ | | in the property? Check one | a life estate), if | | | |
| | | | | Ц | Debtor 1 only | | Joint tenan | t | | |
| | Will | | | | Debtor 2 only | | | | | |
| | County | | | | Debtor 1 and I | Debtor 2 only | — Chack if th | hie ie comm | unity property | |
| | | | | | At least one of | the debtors and another | (see instruct | | anny property | |
| | | | | Other | information yo | ou wish to add about this item | , such as local | | | |
| | | | | prope | rty identification | on number: | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

\$180,000.00

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|)ebt | | usan M. Ponce | | | Case number (if known) | | |
|------|-----------------------------------|---|----------------------|--|--|-------------------------------|---|
| | No | trucks, tractors, sp | ort utility vehicles | motorcycles | | | |
| | Yes | | | | | | |
| 3.1 | 3.1 Make: Ford Model: Taurus 2006 | | | b has an interest in the property? Check one Debtor 1 only | Do not deduct sec the amount of any Creditors Who Ha | secured claims o | n Schedule D: |
| | | 2006 nate mileage: 20 ormation: | 5,000.00 | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | Current value of entire property? | | value of the you own? |
| | fair co | ndition | | Check if this is community property (see instructions) | \$800 | 0.00 | \$800.0 |
| .2 | Make: Model: | Ford Focus | | has an interest in the property? Check one Debtor 1 only | Do not deduct sec the amount of any Creditors Who Ha | secured claims o | n Schedule D: |
| | | 2005 nate mileage: ormation: | 153000 | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | Current value of entire property? | | value of the you own? |
| | fair co | ndition | | Check if this is community property (see instructions) | \$900 | 0.00 | \$900.00 |
| .3 | Make: | Mercedes E350 | | has an interest in the property? Check one Debtor 1 only | Do not deduct sec the amount of any Creditors Who Ha | secured claims o | n Schedule D: |
| | Year: Approxin | 2006 nate mileage: ormation: | 177,000 □ [| Debtor 2 only Debtor 1 and Debtor 2 only | Current value of entire property? | the Current | value of the you own? |
| | | Condition | | At least one of the debtors and another Check if this is community property see instructions) | \$4,000 | 0.00 | \$4,000.0 |
| Exa | amples: B No Yes | oats, trailers, motors, | personal watercraf | er recreational vehicles, other vehicle t, fishing vessels, snowmobiles, motorcy | /cle accessories | | |
| | | | | in of your entries from Part 2, including | | | \$5,700.00 |
| | | be Your Personal and or have any legal or | | in any of the following items? | | portion y Do not de | value of the vou own? educt secured exemptions. |
| | kamples: No | goods and furnishii Major appliances, furi | | , kitchenware | | 3.13 | |
| | Yes. De | | | | | | 40 Tos 5 |
| | | One I | ot of miscellane | ous household goods and furnin | shings | | \$2,500. |

Official Form 106A/B Schedule A/B: Property

Case 17-20993 Doc 1 Filed 07/14/17 Entered 07/14/17 10:38:08 Desc Main Page 12 of 65 Document Debtor 1 Carlos J. Ponce Debtor 2 Susan M. Ponce Case number (if known) 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ■ No ☐ Yes. Describe..... 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10 Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe..... **Wearing Apparel** \$200.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver Yes. Describe..... \$900.00 Wedding Rings and Miscellaneous jewelry 13. Non-farm animals Examples: Dogs, cats, birds, horses No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$3,600.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No

Official Form 106A/B Schedule A/B: Property page 3

Case 17-20993 Doc 1 Filed 07/14/17 Entered 07/14/17 10:38:08 Desc Main Page 13 of 65 Document Debtor 1 Carlos J. Ponce Debtor 2 Susan M. Ponce Case number (if known) Cash \$10.00 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: ■ Yes..... Chase \$507.00 Checking 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ■ No ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description.

☐ Yes.....

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

■ No ☐ Yes.....

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

No

☐ Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No

☐ Yes. Give specific information about them...

| | Case 17-2 | 0993 | Doc 1 | Filed 07/14/17 Document | Entere Page 1 | ed 07/14/17 10:38:08 4 of 65 | Desc Main |
|---------------------------|---|---------------------------------|---------------------------------------|---|--|--|--|
| Debtor 1 Debtor 2 | Carlos J. Pon Susan M. Pon | | | 2 000 | | Case number (if known) | |
| Exam _i ■ No | ses, franchises, ar ples: Building perm Give specific infor | its, exclu | sive licenses | | n holdings, l | iquor licenses, professional licens | ses |
| Money or | property owed to | vou? | | | | | Current value of the |
| · | , | | | | | | portion you own? Do not deduct secured claims or exemptions. |
| 28. Tax re ■ No | funds owed to yo | u | | | | | |
| | Give specific infor | mation ab | out them, inc | cluding whether you alre | ady filed the | returns and the tax years | |
| ■ No | | • | 7. 1 | usal support, child supp | ort, maintena | ance, divorce settlement, property | / settlement |
| Exam _i ■ No | | s, disabilit aid loans | y insurance p | payments, disability ben someone else | efits, sick pa | ay, vacation pay, workers' compe | nsation, Social Security |
| 31. Interes Exam □ No | sts in insurance p ples: Health, disabi | olicies lity, or life | insurance; h | nealth savings account (| HSA); credit | , homeowner's, or renter's insura | nce |
| ■ Yes. | Name the insurance | | ny of each po pany name: | olicy and list its value. | | Beneficiary: | Surrender or refund value: |
| | | Tern | n Life Insur | rance - Dependent - | Wife | | \$100.00 |
| If you somed | | of a living | | someone who has die at proceeds from a life in | | icy, or are currently entitled to rec | eive property because |
| Exam _i ■ No | | nploymen | | you have filed a lawsu surance claims, or rights | | a demand for payment | |
| 34. Other | | | ed claims of | every nature, includin | g countercl | aims of the debtor and rights t | o set off claims |
| □ No ■ Yes. | Describe each cla | im | | | | | |
| | | | for per Decem Estima net aft | sonal injuries sustanber 7, 2015. Policy ated settlement amo | ined in au limits are unt of bet | ce vs. Rodolfo Mathias tomoblie accident on limited at \$20,000. ween \$5,000 to \$15,000 Attorney is Peter Vrdolyak | Unknown |

Official Form 106A/B Schedule A/B: Property page 5

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Carlos J. Ponce Debtor 1 Debtor 2 Susan M. Ponce Case number (if known)

> **Contingent Wrongful Death and Survival Action** Claim/Lawsuit for Carlos Ponce as Son of deceased Mother/Donna Alexander based upon automobile accident involving his late Mother/Donna Alexader. Insurance policy limits for the case are limited in the amount of \$20,000. The net proceeds to Carlos Ponce are between \$5,000 and \$10,000 after attorney's fees and costs. Lawyer is Peter Vrdolyak at 708-429-2332. Case: Estate of Donna Alexander vs. Caballero and Aparicio, 14 M6 6385, in the Ciruit Court of Cook County, Illinois, 6th Municipal District

Unknown

page 6

| | Gook Gounty, minoto, or | ao.pa. 2.o | | |
|--------------|--|---------------------------|--------------------------|-------------------------|
| _ | Any financial assets you did not already list ■ No | | | |
| | Yes. Give specific information | | | |
| 36. | Add the dollar value of all of your entries from Part 4, including for Part 4. Write that number here | | | \$617.00 |
| Par | 5: Describe Any Business-Related Property You Own or Have an Interest | est In. List any real est | ate in Part 1. | |
| 37. I | Oo you own or have any legal or equitable interest in any business-relate | d property? | | |
| | No. Go to Part 6. | | | |
| | Yes. Go to line 38. | | | |
| Par | 16: Describe Any Farm- and Commercial Fishing-Related Property You of If you own or have an interest in farmland, list it in Part 1. | Own or Have an Intere | st In. | |
| 46. | Do you own or have any legal or equitable interest in any farm- | or commercial fishir | ng-related property? | |
| | No. Go to Part 7. | | | |
| | ☐ Yes. Go to line 47. | | | |
| | | | | |
| Par | Describe All Property You Own or Have an Interest in That You | Did Not List Above | | |
| 53. | Do you have other property of any kind you did not already list? | | | |
| | Examples: Season tickets, country club membership | | | |
| _ | No | | | |
| L | Yes. Give specific information | | | |
| 54. | Add the dollar value of all of your entries from Part 7. Write tha | t number here | | \$0.00 |
| | | | | |
| Par | 8: List the Totals of Each Part of this Form | | | |
| 55. | Part 1: Total real estate, line 2 | | | \$180,000.00 |
| 56. | Part 2: Total vehicles, line 5 | \$5,700.00 | | |
| 57. | Part 3: Total personal and household items, line 15 | \$3,600.00 | | |
| 58. | Part 4: Total financial assets, line 36 | \$617.00 | | |
| 59. | Part 5: Total business-related property, line 45 | \$0.00 | | |
| 60. | Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7: Total other property not listed, line 54 + | \$0.00 | | |
| 62. | Total personal property. Add lines 56 through 61 | \$9,917.00 | Copy personal property t | total \$9,917.00 |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 62 | | | \$189,917.00 |
| | | | | |

Official Form 106A/B Schedule A/B: Property Case 17-20993 Doc 1 Filed 07/14/17 Entered 07/14/17 10:38:08 Desc Main

| | | IAAAIIII | | |
|---------------------|--------------------------|-------------------|-------------|--|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Carlos J. Ponce | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Susan M. Ponce | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify | the Pro | perty You | Claim as | Exempt |
|---------|----------|---------|-----------|----------|--------|
|---------|----------|---------|-----------|----------|--------|

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemptio |
|---|--------------------------------------|-----|---|-----------------------------------|
| | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| 303 E. 9th Street Lockport, IL 60441 Will County | \$180,000.00 | | \$30,000.00 | 735 ILCS 5/12-901 |
| Line from Schedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 2006 Ford Taurus 2006 205,000.00 miles | \$800.00 | | \$800.00 | 735 ILCS 5/12-1001(b) |
| fair condition Line from <i>Schedule A/B</i> : 3.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 2005 Ford Focus 153000 miles | \$900.00 | | \$900.00 | 735 ILCS 5/12-1001(c) |
| Line from Schedule A/B: 3.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| 2006 Mercedes E350 177,000 miles | \$4,000.00 | | \$2,400.00 | 735 ILCS 5/12-1001(c) |
| Line from Schedule A/B: 3.3 | | | 100% of fair market value, up to any applicable statutory limit | |
| 2006 Mercedes E350 177,000 miles Good Condition | \$4,000.00 | | \$1,600.00 | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: 3.3 | | | 100% of fair market value, up to any applicable statutory limit | |

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Debtor 2 Susan M. Ponce Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B One lot of miscellaneous household 735 ILCS 5/12-1001(b) \$2,500.00 \$2,500.00 goods and furninshings Line from Schedule A/B: 6.1 100% of fair market value, up to any applicable statutory limit **Wearing Apparel** 735 ILCS 5/12-1001(a) \$200.00 100% Line from Schedule A/B: 11.1 100% of fair market value, up to any applicable statutory limit **Wedding Rings and Miscellaneous** 735 ILCS 5/12-1001(b) \$900.00 \$900.00 jewelry Line from Schedule A/B: 12.1 100% of fair market value, up to any applicable statutory limit Cash 735 ILCS 5/12-1001(b) \$10.00 \$10.00 Line from Schedule A/B: 16.1 100% of fair market value, up to any applicable statutory limit **Checking: Chase** 735 ILCS 5/12-1001(b) \$507.00 \$507.00 Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit Term Life Insurance - Dependent -735 ILCS 5/12-1001(f) 100% \$100.00 Wife Line from Schedule A/B: 31.1 100% of fair market value, up to any applicable statutory limit **Personal Injury Claim of Carlos** 735 ILCS 5/12-1001(h)(4) Unknown \$15,000.00 Ponce vs. Rodolfo Mathias for personal injuries sustained in 100% of fair market value, up to automoblie accident on December 7, any applicable statutory limit 2015. Policy limits are limited at \$20,000. Estimated settlement amount of between \$5,000 to \$15,000 net after attorneys fees Line from Schedule A/B: 34.1 **Contingent Wrongful Death and** 735 ILCS 5/12-1001(h)(2) Unknown 100% Survival Action Claim/Lawsuit for Carlos Ponce as Son of deceased 100% of fair market value, up to Mother/Donna Alexander based upon any applicable statutory limit automobile accident involving his late Mother/Donna Alexader. Insurance policy limits for the case are limited in the amount Line from Schedule A/B: 34.2 Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

Yes

Carlos J. Ponce

Debtor 1

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| | | Document | Page 18 | of 65 | | |
|--|---|---|------------------|--|--|-----------------------------|
| Fill in this information | tion to identify you | r case: | | | | |
| Debtor 1 | Carlos J. Ponce | | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | Susan M. Ponce | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States Bankı | ruptcy Court for the: | NORTHERN DISTRICT OF ILLI | INOIS | | | |
| Case number | | | | | _ | if this is an ded filing |
| Official Form | 106D | | | | | |
| | | | _ | | | |
| Schedule D | : Creditors | Who Have Claims S | secured | by Property | <u>y </u> | 12/15 |
| | | f two married people are filing togethe ut, number the entries, and attach it to | | | | |
| 1. Do any creditors ha | ive claims secured by | your property? | | | | |
| ☐ No. Check th | nis box and submit th | nis form to the court with your other s | schedules. Yo | ou have nothing else to | o report on this form. | |
| Yes. Fill in al | II of the information b | pelow. | | | | |
| Part 1: List All S | Secured Claims | | | | | |
| <u> </u> | | nore than one secured claim, list the cred | litor congrately | Column A | Column B | Column C |
| for each claim. If more | e than one creditor has | a particular claim, list the other creditors al order according to the creditor's name | in Part 2. As | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 Nationstar M | Mortgage | Describe the property that secures the | ne claim: | \$148,853.00 | \$180,000.00 | \$0.00 |
| Creditor's Name | | 303 E. 9th Street Lockport, IL Will County | 60441 | | | |
| 8950 Cypres | ss Waters | As of the date you file, the claim is: 0 | Check all that | | | |
| Blvd | 75010 | apply. | on on an anat | | | |
| Coppell, TX | | Contingent | | | | |
| | ty, State & Zip Code | ☐ Unliquidated ☐ Disputed | | | | |
| Who owes the debt | ? Check one. | Nature of lien. Check all that apply. | | | | |
| ☐ Debtor 1 only ☐ Debtor 2 only | | ☐ An agreement you made (such as m car loan) | nortgage or sec | ured | | |
| ■ Debtor 1 and Debte | or 2 only | ☐ Statutory lien (such as tax lien, mech | hanic's lien) | | | |
| $\hfill \square$ At least one of the | debtors and another | ■ Judgment lien from a lawsuit | | | | |
| ☐ Check if this claim community debt | n relates to a | ☐ Other (including a right to offset) | | | | |
| Date debt was incurr | ed | Last 4 digits of account numb | er <u>4850</u> | | | |
| | | | | | | |
| Add the dellar value | o of your optrice in Co | olumn A on this page. Write that numb | or horo: | \$148,85 | 3 00 | |
| | = | the dollar value totals from all pages. | ei ileie. | | | |
| Write that number I | here: | | | \$148,85 | 3.00 | |
| Part 2: List Other | rs to Be Notified for | a Debt That You Already Listed | | | | |
| Use this page only if trying to collect from than one creditor for | you have others to be you for a debt you ov any of the debts that | e notified about your bankruptcy for a we to someone else, list the creditor in you listed in Part 1, list the additional | n Part 1, and th | en list the collection ag | gency here. Similarly, if | you have more |
| uepts in Part 1, do no | ot fill out or submit th | s page. | | | | |
| | r, Street, City, State & Z ki Law Group LL | | On whic | h line in Part 1 did you e | nter the creditor? 2.1 | |
| 33 W. Monr Suite 1140 | roe Street | | Last 4 di | igits of account number_ | 5787 | |

Chicago, IL 60603

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| J | 430 11 20000 1 | Document | Page 1 | 19 of 65 | oo beso maii | |
|--|---|---|---------------------------------------|---|--|--------------|
| Fill in this info | rmation to identify your | | | | | |
| Debtor 1 | Carlos J. Ponce | | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | Susan M. Ponce | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States B | Sankruptcy Court for the: | NORTHERN DISTRICT OF | ILLINOIS | | | |
| Case number | | | | | | |
| (if known) | | | | | ☐ Check if this is an | |
| | | | | | amended filing | |
| Official For | m 106E/E | | | | | |
| | | ho Have Unsecure | d Claime | | 12/15 | |
| | | | | I Part 2 for craditors with NONE | PRIORITY claims. List the other party | - |
| Schedule G: Exec Schedule D: Cred left. Attach the Co name and case n | cutory Contracts and Unexp litors Who Have Claims Sec ontinuation Page to this pag umber (if known). | ired Leases (Official Form 106G ured by Property. If more space le. If you have no information to | i). Do not include is needed, copy | e any creditors with partially se y the Part you need, fill it out, no | roperty (Official Form 106A/B) and on ecured claims that are listed in umber the entries in the boxes on the op of any additional pages, write your | • |
| | All of Your PRIORITY Un | | | | | _ |
| | itors have priority unsecure | d claims against you? | | | | |
| ■ No. Go to | Part 2. | | | | | |
| Part 2: List | All of Your NONPRIORIT | V Unecoured Claims | | | | |
| | | | | | | _ |
| _ ' | itors have nonpriority unsec | | | | | |
| ☐ No. You h | nave nothing to report in this pa | art. Submit this form to the court w | ith your other sch | nedules. | | |
| Yes. | | | | | | |
| unsecured cla | aim, list the creditor separately | | sted, identify what | t type of claim it is. Do not list clair | r has more than one nonpriority ims already included in Part 1. If more aims fill out the Continuation Page of | |
| ranz. | | | | | Total claim | |
| AMCA | /Amer Medical Collec | tion | | | | |
| 4.1 Agend | | Last 4 digits of a | account number | 2443 | \$113.00 |) |
| | rity Creditor's Name | When was the d | obt incurred? | | | _ |
| 4 wes | tchester Plaza 110 | Wileli was tile u | ebt incurred? | | | |
| | ord, NY 10523 | | | | | |
| | Street City State Zlp Code | As of the date ye | ou file, the claim | is: Check all that apply | | |
| _ | curred the debt? Check one. | _ | | | | |
| | or 1 only | ☐ Contingent | | | | |
| | or 2 only | Unliquidated | | | | |
| _ | or 1 and Debtor 2 only | ☐ Disputed | IODITY | ad alaim. | | |
| | ast one of the debtors and and | | | ea cialm: | | |
| ☐ Ched | ck if this claim is for a comr | nunity | | paration agreement or divorce tha | at you did not | |
| | aim subject to offset? | report as priority | | raration agreement of divorce tha | it you did not | |
| ■ No | | ☐ Debts to pens | sion or profit-shari | ing plans, and other similar debts | 3 | |
| ☐ Yes | | Other. Specify | , medical | | | |
| | | — Striet: Specify | | | | |

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| Debtor Debtor | 1 Carlos J. Ponce 2 Susan M. Ponce | | Case number (if know) | |
|------------------|---|---|---|-------------|
| 4.2 | Armor Systems Co Nonpriority Creditor's Name | Last 4 digits of account number | 6956 | \$217.00 |
| | 1700 Kiefer Dr Ste 1 Zion, IL 60099 Number Street City State Zlp Code | When was the debt incurred? As of the date you file, the claim i | Opened 3/27/08 Last Active 10/01/07 s: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt | ☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans | | |
| | Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharin | ration agreement or divorce that you did not g plans, and other similar debts | |
| | Yes | Other. Specify Collection | Attorney Em Strategies | |
| 4.3 | Atg Credit Nonpriority Creditor's Name | Last 4 digits of account number | 1980 | \$42.00 |
| | 1700 W Cortland St Ste 2 Chicago, IL 60622 | When was the debt incurred? | Opened 1/22/10 Last Active 10/01/09 | |
| | Number Street City State ZIp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ■ Debtor 1 only □ Debtor 2 only | ☐ Contingent ☐ Unliquidated | | |
| | □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ■ No □ Yes | report as priority claims Debts to pension or profit-sharin | ration agreement or divorce that you did not | |
| 4.4 | ATG Credit LLC | Last 4 digits of account number | 5303 | \$53.00 |
| | Nonpriority Creditor's Name 1700 W Cortland St Ste 2 | When was the debt incurred? | | |
| | Chicago, IL 60622 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | ☐ Debtor 1 only ☐ Debtor 2 only | ☐ Contingent ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt | | d claim: ration agreement or divorce that you did not | |
| | Is the claim subject to offset? ■ No □ Yes | report as priority claims Debts to pension or profit-sharin Other. Specify collection a | • • | |
| | 00 | - Other, Specify | , , | |

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| Debto | r 2 Susan M. Ponce | | Case number (if know) | |
|-------|---|--|---|------------|
| 4.5 | Bay Area Credit Servic Nonpriority Creditor's Name | Last 4 digits of account number | 9840 | \$255.00 |
| | 1000 Abernathy Rd Ne Ste Atlanta, GA 30328 | When was the debt incurred? | Opened 7/18/12 Last Active 6/01/12 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharir | a plane, and other similar debts | |
| | | · | • • | |
| | Yes | Other. Specify Collection | Attorney At 1 - Illinois | |
| 4.6 | Cach, LIc Nonpriority Creditor's Name | Last 4 digits of account number | 5780 | \$1,713.00 |
| | 4340 S Monaco St Unit 2 Denver, CO 80237 | When was the debt incurred? | Opened 12/28/12 Last Active 5/01/12 | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharir | a plane, and other similar debts | |
| | | · · | | |
| | Yes | Other. Specify Collection | Attorney Wells Fargo Bank N. | |
| 4.7 | Certified Services Inc Nonpriority Creditor's Name | Last 4 digits of account number | 2520 | \$103.00 |
| | 1733 Washington St Ste 2 Waukegan, IL 60085 | When was the debt incurred? | Opened 11/28/11 Last Active 7/01/11 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharir | g plans, and other similar debts | |
| | ☐ Yes | | Attorney Oakbrook Allergists | |
| | □ 162 | Other Specify Collection | Automey Canbiook Allergists | |

Debtor 1 Carlos J. Ponce

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| | Carlos J. Ponce Susan M. Ponce | | Case number (if know) | |
|-----|---|---|--|----------|
| 4.8 | Comenity Bank/Avenue Nonpriority Creditor's Name | Last 4 digits of account number | 8209 | \$503.00 |
| | Po Box 182789 Columbus, OH 43218 Number Street City State Zlp Code | When was the debt incurred? As of the date you file, the claim i | Opened 8/03/09 Last Active 8/01/12 s: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Charge Acc | count | |
| 4.9 | Comenity Bank/Dressbrn Nonpriority Creditor's Name | Last 4 digits of account number | 5187 | \$537.00 |
| | Po Box 182789 Columbus, OH 43218 | When was the debt incurred? | Opened 10/21/11 Last Active 6/01/12 | |
| | Number Street City State ZIp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | only Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | \square Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Charge Acc | count | |
| 4.1 | Comenity Bank/Fashbug Nonpriority Creditor's Name | Last 4 digits of account number | 0919 | \$465.00 |
| | Po Box 182272 Columbus, OH 43218 | When was the debt incurred? | Opened 6/30/10 Last Active 6/01/12 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim: | | |
| | ☐ Debtor 1 and Debtor 2 only | | | |
| | ☐ At least one of the debtors and another | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | 5 | |
| | ■ No | Debts to pension or profit-sharing | - • | |
| | ☐ Yes | ■ Other. Specify Charge Acc | count | |

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| Debtor Debtor | 1 Carlos J. Ponce 2 Susan M. Ponce | | Case number (if know) | |
|------------------|---|--------------------------------------|--|------------|
| 4.1 1 | Comenity Bank/Gordmans | Last 4 digits of account number | 5018 | \$633.00 |
| | Nonpriority Creditor's Name PO Box 182125 Columbus, OH 43218 | When was the debt incurred? | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | \square Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify charge acc | ount | |
| 4.1 | Comenity Bank/Justice Nonpriority Creditor's Name | Last 4 digits of account number | 7571 | \$1,575.00 |
| | Po Box 182789 Columbus, OH 43218 | When was the debt incurred? | Opened 11/04/08 Last Active 6/01/12 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharin | 51 | |
| | Yes | Other. Specify Charge Acc | count | |
| 4.1 | Comenity Bank/Justice Nonpriority Creditor's Name | Last 4 digits of account number | 5949 | \$1,074.00 |
| | Po Box 182789 Columbus, OH 43218 | When was the debt incurred? | Opened 12/27/07 Last Active 6/01/12 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharin | | |
| | ☐ Yes | ■ Other. Specify Charge Acc | count | |

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| Deb | tor 2 Susan M. Ponce | | Case number (if know) | |
|----------|--|--|--|----------|
| 4.1 4 | Comenity Bank/Lane Bryant | Last 4 digits of account number | 8395 | \$544.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy PO Box 182125 | When was the debt incurred? | | |
| | Columbus, OH 43218 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | Пол | | |
| | ■ Debtor 2 only | ☐ Contingent☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify charge acc | ount | |
| 4.1 5 | Comenity Bank/Nwyrk&Co | Last 4 digits of account number | 5003 | \$271.00 |
| | Nonpriority Creditor's Name | _ | | |
| | 220 W Schrock Rd Westerville, OH 43081 | When was the debt incurred? | Opened 12/05/10 Last Active 9/01/12 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | Other Specify Charge Acc | count | |
| 4.1 | Comenity Bank/Victoria Secret | Last Adiates of account months | 6119 | \$622.00 |
| 6 | Nonpriority Creditor's Name | Last 4 digits of account number | | Ψ022.00 |
| | Attn: Bankruptcy PO box 182125 | When was the debt incurred? | | |
| | Columbus, OH 43218 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | malana and other strip. | |
| | ■ No | Debts to pension or profit-sharin | = • | |
| | ☐ Yes | ■ Other. Specify charge acc | ount | |

Debtor 1 Carlos J. Ponce

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| Debtor Debtor | 1 Carlos J. Ponce 2 Susan M. Ponce | | Case number (if know) | |
|------------------|---|---|---|----------|
| 4.1 | Credit Protection Asso | Last 4 digits of account number | 3167 | \$148.00 |
| | Nonpriority Creditor's Name 13355 Noel Rd Ste 2100 Dallas, TX 75240 | When was the debt incurred? | Opened 8/10/12 Last Active 6/01/12 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | No | ☐ Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other. Specify Collection | Attorney Comcast | |
| 4.1 | Creditors Collection B | Last 4 digits of account number | 5830 | \$187.00 |
| | Nonpriority Creditor's Name 755 Almar Pkwy | When was the debt incurred? | Opened 1/24/13 | |
| | Bourbonnais, IL 60914 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | , | | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other. Specify Collection | Attorney The Center For Surge | |
| 4.1 | Creditors Discount & A | Last 4 digits of account number | 8360 | \$327.00 |
| | Nonpriority Creditor's Name 415 E Main St Streator, IL 61364 | When was the debt incurred? | Opened 1/28/13 | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans☐ Obligations arising out of a sepa | aration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | · | |
| | No | Debts to pension or profit-sharing | | |
| | ☐ Yes | Other. Specify Collection | Attorney Adv Family Dental | |

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| | 1 Carlos J. Ponce 2 Susan M. Ponce | | Case number (if know) | |
|-----|---|--|--|----------|
| 4.2 | Fingerhut | Last 4 digits of account number | 7149 | \$448.00 |
| | Nonpriority Creditor's Name 6250 Ridgewood Rd Saint Cloud, MN 56303 | When was the debt incurred? | | |
| - | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify charge acc | ount | |
| 4.2 | Gecrb/Jcp Nonpriority Creditor's Name | Last 4 digits of account number | 8601 | \$480.00 |
| | Po Box 984100 El Paso, TX 79998 | When was the debt incurred? | Opened 11/04/11 Last Active 6/18/12 | |
| - | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | ■ Other. Specify Charge Acc | count | |
| 4.2 | I C System Inc Nonpriority Creditor's Name | Last 4 digits of account number | 6001 | \$407.00 |
| | Po Box 64378 Saint Paul, MN 55164 | When was the debt incurred? | Opened 11/05/10 Last Active 9/01/09 | |
| - | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | lacksquare At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | |
| | Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other Specify Collection | Attorney Zale Foster Rugi | |

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| Debtor Debtor | 1 Carlos J. Ponce 2 Susan M. Ponce | | Case number (if know) | |
|------------------|---|--|---|-------------|
| 4.2 | James M. Joyce | Last 4 digits of account number | 6692 | \$12,800.00 |
| | Nonpriority Creditor's Name c/o James P. Newsom 8643 Ogden Avenue Lyons, IL 60534 | When was the debt incurred? | May 2017 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ☐ Debtor 1 only ☐ Debtor 2 only | ☐ Contingent☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? | ■ Disputed Type of NONPRIORITY unsecured Student loans Obligations arising out of a separeport as priority claims | d claim: aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | | |
| | Yes | · | for alleged Breach of Contract | |
| 4.2 | Kohls/Capone | Last 4 digits of account number | 2220 | \$604.00 |
| | Nonpriority Creditor's Name | | Opened 12/18/07 Last Active | |
| | N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051 | When was the debt incurred? | 10/01/12 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | , | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Charge Acc | count | |
| 4.2 | Mbb Nonpriority Creditor's Name | Last 4 digits of account number | 3965 | \$477.00 |
| | 1460 Renaissance Dr Park Ridge, IL 60068 | When was the debt incurred? | Opened 10/08/12 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify Collection | Attorney Em Strategies | |

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| Debtor Debtor | Carlos J. Ponce Susan M. Ponce | Case number (if know) | |
|------------------|---|---|----------|
| 4.2 | Med Business Bureau | Last 4 digits of account number 3694 | \$942.00 |
| | Nonpriority Creditor's Name 1460 Renaissance Dr #400 Park Ridge, IL 60068 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify collection attorney em strageties | |
| 4.2 | Med Business Bureau | Last 4 digits of account number 1065 | \$980.00 |
| | Nonpriority Creditor's Name 1460 Renaissance Dr #400 Park Ridge, IL 60068 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | ■ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify collection attorney em strageties | |
| 4.2 | Med Business Bureau | Last 4 digits of account number 5955 | \$597.00 |
| | Nonpriority Creditor's Name 1460 Renaissance Dr #400 | When was the debt incurred? | |
| | Park Ridge, IL 60068 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | , | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify collection attorney em strategies | |

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| Debtor Debtor | 1 Carlos J. Ponce 2 Susan M. Ponce | Case number (if know) | |
|------------------|---|---|------------|
| | | | |
| 4.2 9 | Merchants Credit | Last 4 digits of account number 2980 | \$250.00 |
| | Nonpriority Creditor's Name 223 W Jackson Blvd Ste 700 | When was the debt incurred? | |
| | Chicago, IL 60606 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | \square Check if this claim is for a community | Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | □ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other Specify collection attorney edward hospital | |
| | Li Tes | Other. Specify Concession attenticy cawara nespital | |
| 4.3 | Merchants credit | Last 4 digits of account number 0201 | \$1,118.00 |
| | Nonpriority Creditor's Name 223 W Jackson Blvd Ste 700 | When was the debt incurred? | |
| | Chicago, IL 60606 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | no or the date year may the claim for officer all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not | |
| | No | report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| | | | |
| | Yes | Other. Specify collection attorney edward hospital | |
| 4.3 | Merchants Credit Guide | Last 4 digits of account number 1922 | \$408.00 |
| | Nonpriority Creditor's Name 223 W Jackson Blvd Ste 4 Chicago, IL 60606 | When was the debt incurred? Opened 2/01/11 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | No | Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify Collection Attorney Edward Hospital | |

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| Debto Debto | r 1 Carlos J. Ponce r 2 Susan M. Ponce | | Case number (if know) | |
|----------------|---|---|--|----------|
| 4.3 | Merchants Credit Guide | Last 4 digits of account number | 0702 | \$161.00 |
| | Nonpriority Creditor's Name 223 W Jackson Blvd Ste 4 Chicago, IL 60606 | When was the debt incurred? | Opened 9/01/10 | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | l alaim. | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured ☐ Student loans | a claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | No | ☐ Debts to pension or profit-sharin | | |
| | Yes | Other. Specify Collection | Attorney Edward Hospital | |
| 4.3 | Merchants Credit Guide Nonpriority Creditor's Name | Last 4 digits of account number | 5611 | \$50.00 |
| | 223 W Jackson Blvd Ste 4 Chicago, IL 60606 | When was the debt incurred? | Opened 12/17/12 Last Active 9/01/12 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Collection | Attorney Dupage Medical Group | |
| 4.3 | Midland Funding | Last 4 digits of account number | 8727 | \$947.00 |
| | Nonpriority Creditor's Name 8875 Aero Dr Ste 200 San Diego, CA 92123 | When was the debt incurred? | Opened 10/25/12 Last Active 9/01/11 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | ■ Disputed | | |
| | · | Type of NONPRIORITY unsecured | d claim: | |
| | At least one of the debtors and another | Student loans | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | _ | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | · | Company Account T-Mobile | |
| | | - Other, Specify | | |

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| Debtor Debtor | Carlos J. Ponce Susan M. Ponce | | Case number (if know) | |
|------------------|---|---|---|------------|
| 4.3 | Miramed Revenue Group | Last 4 digits of account number | 3239 | \$442.00 |
| | Nonpriority Creditor's Name 991 Oak Creek Dr | When was the debt incurred? | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only □ Debtor 2 only | ☐ Contingent☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a sepa report as priority claims | rration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify medical | | |
| 4.3 | Miramedrg | Last 4 digits of account number | 6290 | \$1,670.00 |
| | Nonpriority Creditor's Name 991 Oak Creek Dr Lombard, IL 60148 | When was the debt incurred? | Opened 5/20/10 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | - · | |
| | Yes | Other. Specify Collection | Med1 02 Women S Cent | |
| 4.3 | Nrthn Resol | Last 4 digits of account number | 7357 | \$350.00 |
| | Nonpriority Creditor's Name Po Box 566 Amherst, NY 14226 | When was the debt incurred? | Opened 1/31/13 | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharin | a plans, and other similar debts | |
| | ■ No □ Yes | Other. Specify Collection | | |
| | □ 1€9 | Other. Specify | 12 Ot Allilanus Group | |

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| Debt | or 2 Susan M. Ponce | | Case number (if know) | |
|----------|---|--|--|------------|
| 4.3 8 | Optima Recovery Service | Last 4 digits of account number | 3513 | \$1,485.00 |
| | Nonpriority Creditor's Name 6215 Kingston Pike Ste A | When was the debt incurred? | | |
| | Knoxville, TN 37950 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | l claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | \square Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | Collection a anesthesio | attorney american logy assocs | |
| 4.3 9 | Portfolio Recvry&Affil Nonpriority Creditor's Name | Last 4 digits of account number | 3962 | \$378.00 |
| | 120 Corporate Blvd Ste 1 Norfolk, VA 23502 | When was the debt incurred? | Opened 3/26/13 Last Active 9/01/12 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | l claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | ■ Other. Specify Retail Ba | Company Account Ge Capital | |
| 4.4 0 | Seventh Avenue Nonpriority Creditor's Name | Last 4 digits of account number | 857O | \$457.00 |
| | 1112 7th Ave Monroe, WI 53566 | When was the debt incurred? | Opened 11/25/08 Last Active 8/15/11 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | l claim: | |
| | ☐ Check if this claim is for a community debt | | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | No | ☐ Debts to pension or profit-sharin | • • | |
| | Yes | Other. Specify Charge Acc | count | |

Debtor 1 Carlos J. Ponce

Case 17-20993 Doc 1 Filed 07/14/17 Entered 07/14/17 10:38:08 Desc Main Document Page 33 of 65 Debtor 1 Carlos J. Ponce Debtor 2 Susan M. Ponce Case number (if know) 4.4 6677 \$75.00 State Collection Servi Last 4 digits of account number Nonpriority Creditor's Name Opened 12/07/07 Last Active 2509 S Stoughton Rd When was the debt incurred? 5/01/07 Madison, WI 53716 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Collection Attorney Silver Cross Hospita Other. Specify 4.4 **Target** 8900 \$711.00 Last 4 digits of account number Nonpriority Creditor's Name C/O Financial and Retail Srvs When was the debt incurred? Mailstopn BT POB 9475 Minneapolis, MN 55440 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes credit card Other. Specify 4.4 Vision Financial Servi 9071 \$100.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 9/13/12 Last Active 1900 W Severs Rd When was the debt incurred? 8/01/12 La Porte, IN 46350 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community

Part 3: List Others to Be Notified About a Debt That You Already Listed

☐ Obligations arising out of a separation agreement or divorce that you did not

Collection Attorney Silver Cross Hospita

lacksquare Debts to pension or profit-sharing plans, and other similar debts

debt

■ No

☐ Yes

Is the claim subject to offset?

report as priority claims

Other. Specify

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

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| Debtor 1 Carlos J. Ponce Debtor 2 Susan M. Ponce | Dodament 1 c | Case number (if know) |
|---|----------------------------------|--|
| have more than one creditor for any of the debts notified for any debts in Parts 1 or 2, do not fill or | | the additional creditors here. If you do not have additional persons to be |
| Name and Address | On which entry in Part 1 or Part | 2 did you list the original creditor? |
| Weltman, Weiberg & Reis Co., L.P.A. | Line 4.12 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims |
| 180 N. LaSalle Street | | ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| Suite 2400 | | — Tart 2. Orealtors with Monphority offsecured orallins |
| Chicago, IL 60601 | | |

4049

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|-----|---|--|---|--|
| 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| | | | | |
| 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | | | | Total Claim |
| 6f. | Student loans | 6f. | \$ | 0.00 |
| | | | | |
| 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 35,719.00 |
| 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 35,719.00 |
| | 6b. 6c. 6d. 6e. 6f. 6g. 6h. | 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6e. Total Priority. Add lines 6a through 6d. 6f. Student loans 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. | 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6c. 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. 6e. Total Priority. Add lines 6a through 6d. 6e. 6f. Student loans 6f. 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6g. 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. 6d. | 6a. Domestic support obligations 6a. \$ 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6c. \$ 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. \$ 6e. Total Priority. Add lines 6a through 6d. 6f. Student loans 6f. \$ 6g. \$ 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. 6i. \$ 6a. \$ 6b. \$ 6c. \$ 6c. \$ 6c. \$ 6d. \$ 6e. \$ 6f. \$ 6g. \$ 6g. \$ 6h. \$ 6h. \$ 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. 6i. \$ 6 |

Last 4 digits of account number

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| | | Docume | III Paue 35 01 05 | |
|---|-------------------------|-------------------------------|-------------------|-----------------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Carlos J. Ponce | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Susan M. Ponce | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT OF ILLINOIS | | |
| Case number (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| ı | Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code | | | e contract or lease | State what the contract or lease is for |
|-----|---|--------|-------|---------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | |
| 2.3 | Oity | | Olato | Zii Godo | |
| | Name | | | | |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | |
| 2.4 | | | | | |
| | Name | | | | |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | |
| 2.5 | City | | Olalo | 211 0000 | |
| | Name | | | | |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | |

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| | | Docume | ent Page 36 d | of 65 |
|--|--|---|---|---|
| Fill in this inf | ormation to identify your | case: | | |
| Debtor 1 | Carlos J. Ponce | | | |
| DODIOI 1 | First Name | Middle Name | Last Name | |
| Debtor 2 | Susan M. Ponce | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States | Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |
| Schedul Codebtors are people are filli ill it out, and your name and | ng together, both are equ | re also liable for any deb ally responsible for supp boxes on the left. Attach . Answer every question | olying correct informat In the Additional Page (| as complete and accurate as possible. If two married tion. If more space is needed, copy the Additional Page, to this page. On the top of any Additional Pages, write as a codebtor. |
| Arizona, C | California, Idaho, Louisiana, | Nevada, New Mexico, Pu | erto Rico, Texas, Wash | ry? (Community property states and territories include ington, and Wisconsin.) |
| in line 2 a Form 106 out Colur | ngain as a codebtor only i D), Schedule E/F (Official | f that person is a guaran Form 106E/F), or Sched | tor or cosigner. Make | rif your spouse is filing with you. List the person shown sure you have listed the creditor on Schedule D (Official 16G). Use Schedule D, Schedule E/F, or Schedule G to fill Column 2: The creditor to whom you owe the debt Check all schedules that apply: |
| 3.1 Nam | ne | | | ☐ Schedule D, line ☐ Schedule E/F, line ☐ Schedule E/F, line |
| | | | | ☐ Schedule G, line |
| Num City | ber Street | State | ZIP Code | _ |
| 3.2 | | | | ☐ Sahadula D. lina |
| Nam | ie | | | □ Schedule D, line □ Schedule E/F, line □ Schedule G, line |
| Num | ber Street | | | _ |
| City | | State | ZIP Code | |

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| Fill in this information | on to identify your case: | |
|---------------------------------|---|---|
| Debtor 1 | Carlos J. Ponce | |
| Debtor 2 (Spouse, if filing) | Susan M. Ponce | |
| United States Bankı | ruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS | |
| Case number | | Check if this is: |
| (If known) | | An amended filing |
| | | ☐ A supplement showing postpetition chapter 13 income as of the following date: |
| Official For | m 106 <u>l</u> | MM / DD/ YYYY |
| Cabadulal | - Varra Incarna | = =, |

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Fill in your employment information. | | Debtor 1 | Debtor 2 or non-filing spouse |
|---|-------------------------|--|--|
| If you have more than one job, | Franciscon and adaptive | ■ Employed | ■ Employed |
| attach a separate page with information about additional | Employment status | ☐ Not employed | ☐ Not employed |
| employers. | Occupation | Investigator | Billing Administrator |
| Include part-time, seasonal, or self-employed work. | Employer's name | Heritage Investigations | Ceridian |
| Occupation may include student or homemaker, if it applies. | Employer's address | 123 W. Madison Street Chicago, IL 60602 | 1101 31st Street #250 Downers Grove, IL 60515 |
| | How long employed the | here? 2 weeks | 2 months |

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 2 or For Debtor 1 non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 2,816.67 2,773.33 2. deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 3. 0.00 0.00 Calculate gross Income. Add line 2 + line 3. 2,816.67 2,773.33

Official Form 106I Schedule I: Your Income page 1

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| Deb | tor 1 tor 2 | Carlos J. Ponce Susan M. Ponce | | | Case | e number (if known) | | | | |
|-----|-----------------------|---|-----------|-----|-----------|---------------------|----------|--------------------|-------------|--|
| | | | | | Fo | r Debtor 1 | | or Debtor | | |
| | Cop | by line 4 here | 4. | | \$_ | 2,816.67 | \$ | 2 | ,773.33 | 3 |
| 5. | List | all payroll deductions: | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 58 | a. | \$ | 595.83 | \$ | | 420.33 | 3 |
| | 5b. | Mandatory contributions for retirement plans | 5k | | \$ | 0.00 | \$ | | 0.00 | _ |
| | 5c. | Voluntary contributions for retirement plans | 50 | C. | \$ | 0.00 | \$ | | 0.00 | |
| | 5d. | Required repayments of retirement fund loans | 50 | d. | \$ | 0.00 | \$ | | 0.00 | |
| | 5e. | Insurance | 56 | e. | \$ | 0.00 | \$ | | 477.27 | 7 |
| | 5f. | Domestic support obligations | 5f | f. | \$ | 0.00 | \$ | | 0.00 |) |
| | 5g. | Union dues | 59 | g. | \$ | 0.00 | \$ | | 0.00 | <u> </u> |
| | 5h. | Other deductions. Specify: | 5h | h.+ | \$ | 0.00 | + \$ | | 0.00 |) |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$_ | 595.83 | \$ | | 897.60 |) |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$_ | 2,220.84 | \$ | 1 | ,875.73 | 3_ |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 88 | 0 | \$ | 0.00 | \$ | | 0.00 | |
| | 8b. | Interest and dividends | 8k | | \$ _ | 0.00 | Ф \$ | | 0.00 | _ |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce | ent | | - | 0.00 | | | 0.00 | _ |
| | 04 | settlement, and property settlement. | 80 | | \$_ | 0.00 | \$ | | 0.00 | |
| | 8d. 8e. | Unemployment compensation Social Security | 80 86 | | \$_ \$ | 0.00 | \$ \$ | | 0.00 | |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | nce 8f | f. | \$_ | 0.00 | \$ | | 0.00 | _ |
| | 8g. | Pension or retirement income | 80 | | \$_ | 0.00 | \$ | | 0.00 | |
| | 8h. | Other monthly income. Specify: Stepfather's Income Support | 8h | n.+ | \$_ | 400.00 | + \$ | | 0.00 | <u>) </u> |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | | \$ | 400.00 | \$ | | 0.0 | 00 |
| 10 | Cal | culate monthly income. Add line 7 + line 9. | 10. | \$ | | 2,620.84 + \$ | | 1,875.73 | = \$ | 4,496.57 |
| 10. | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | Ψ_ | | 2,020.04 | | 1,073.73 |] | 7,730.37 |
| 11. | Incli othe Do i | te all other regular contributions to the expenses that you list in Schedude contributions from an unmarried partner, members of your household, your friends or relatives. not include any amounts already included in lines 2-10 or amounts that are ricify: | our dep | | | ., | , | n <i>Schedul</i> e | e J. +\$ | 0.00 |
| 12. | | I the amount in the last column of line 10 to the amount in line 11. The e that amount on the Summary of Schedules and Statistical Summary of Cellies | | | | | | | \$ | 4,496.57 |
| 13. | Do | you expect an increase or decrease within the year after you file this fo | rm? | | | | | | Combi | ined ily income |
| | | No. Yes. Explain: | | | | | | | | |

| SHIF | n this informa | ation to identify yo | our case. | | | | | | |
|-----------|--|---|----------------------------|---|---|------------------------------|-----------------|-----------------------------------|--|
| Deb | | Carlos J. Po | | | | Ck | ack if | this is: | |
| DOD | 101 1 | Carlos J. Pol | lice | | | - Ci | | amended filing | |
| | tor 2 ouse, if filing) | Susan M. Po | nce | | | _ | | | ving postpetition chapter the following date: |
| Unit | ed States Bank | ruptcy Court for the | : NORTH | HERN DISTRICT OF ILLIN | OIS | | MM | / DD / YYYY | |
| | e number nown) | | | | | | | | |
| Of | ficial Fo | orm 106J | | | | | | | |
| Sc | chedule | J: Your | Exper | nses | | | | | 12/ |
| info | rmation. If n | nore space is ne /n). Answer ever | eded, atta ry question | . If two married people ar ach another sheet to this n. | | | | | |
| Par 1. | Is this a joi | ribe Your House nt case? | noia | | | | | | |
| | □ No. Go to | o line 2. | | | | | | | |
| | Yes. Doe | es Debtor 2 live i | in a separ | ate household? | | | | | |
| | ■ N | | st file Offici | ial Form 106J-2, <i>Expense</i> s | s for Separate House | hold of D | ebtor 2 | 2. | |
| 2. | Do you hav | e dependents? | □ No | | | | | | |
| | Do not list D Debtor 2. | ebtor 1 and | Yes. | Fill out this information for each dependent | Dependent's relation | | | Dependent's age | Does dependent live with you? |
| | Do not state | the | | | | | | | □ No |
| | dependents | names. | | | Son | | | 14 | Yes |
| | | | | | Daughter | | | 17 | □ No ■ ./ |
| | | | | | Daugittei | | | | ■ Yes □ No |
| | | | | | | | | | ☐ Yes |
| | | | | | | | | | □ No |
| 3. | expenses of | penses include of people other t d your depende | han $_{oldsymbol{\sqcap}}$ | No Yes | | | | | ☐ Yes |
| Par | | nate Your Ongoi | | | | | | | |
| exp | mate your e enses as of licable date. | a date after the l | our bankri oankruptc | uptcy filing date unless y y is filed. If this is a supp | ou are using this fo lemental <i>Schedul</i> e | orm as a <i>J</i> , check | supple the b | ement in a Cha ox at the top o | pter 13 case to report f the form and fill in the |
| the | ude expense value of suc icial Form 10 | h assistance an | non-cash d have inc | government assistance i | f you know <i>our Income</i> | | | Your expe | enses |
| (011 | iciai i Cilli i | JOI.) | | | | | | | |
| 4. | | or home owners nd any rent for the | | ses for your residence. In or lot. | nclude first mortgage | 4. | \$_ | | 1,684.00 |
| | If not inclu | ded in line 4: | | | | | | | |
| | 4a. Real | estate taxes | | | | 4a. | \$ | | 0.00 |
| | | erty, homeowner's | s, or renter | 's insurance | | 4b. | \$ _ | | 0.00 |
| | | e maintenance, re | | upkeep expenses | | 4c. | \$ | | 50.00 |

0.00

5. Additional mortgage payments for your residence, such as home equity loans

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| Debtor 1 Debtor 2 | | Case number (if known) | | | |
|----------------------|--|--------------------------------------|------------------------------|------------------------------|--|
| 6. Util | ities: | | | | |
| 6a. | Electricity, heat, natural gas | 6a. | \$ | 355.00 | |
| 6b. | Water, sewer, garbage collection | 6b. | \$ | 170.00 | |
| 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 230.00 | |
| 6d. | Other. Specify: cable | 6d. | \$ | 110.00 | |
| | internet | | \$ | 50.00 | |
| Foo | od and housekeeping supplies | 7. | \$ | 600.00 | |
| | Idcare and children's education costs | 8. | \$ | 0.00 | |
| Clo | thing, laundry, and dry cleaning | 9. | \$ | 97.00 | |
| | sonal care products and services | 10. | \$ | 0.00 | |
| 1. Med | dical and dental expenses | 11. | \$ | 150.00 | |
| | nsportation. Include gas, maintenance, bus or train fare. | | · | | |
| | not include car payments. | 12. | \$ | 300.00 | |
| 3. Ent | ertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 50.00 | |
| . Cha | aritable contributions and religious donations | 14. | \$ | 0.00 | |
| i. Ins | urance. | | | | |
| | not include insurance deducted from your pay or included in lines 4 or 20. | | | | |
| | . Life insurance | 15a. | · | 0.00 | |
| | . Health insurance | 15b. | · | 0.00 | |
| 15c | . Vehicle insurance | 15c. | \$ | 250.00 | |
| | l. Other insurance. Specify: | 15d. | \$ | 0.00 | |
| | (es. Do not include taxes deducted from your pay or included in lines 4 or 20. ecify: | 16. | \$ | 0.00 | |
| | tallment or lease payments: | 4-7 | • | | |
| | . Car payments for Vehicle 1 | 17a. | · | 0.00 | |
| | . Car payments for Vehicle 2 | 17b. | | 0.00 | |
| | Other. Specify: | 17c. | | 0.00 | |
| | l. Other. Specify: | 17d. | \$ | 0.00 | |
| | ur payments of alimony, maintenance, and support that you did not report a | | ¢ | 0.00 | |
| dec | lucted from your pay on line 5, Schedule I, Your Income (Official Form 106I) |) . 18. | · | | |
| | er payments you make to support others who do not live with you. | 40 | \$ | 0.00 | |
| | ecify: | 19. | avv Incomo | | |
| | ner real property expenses not included in lines 4 or 5 of this form or on Sca Mortgages on other property | neauie i: Yo 20a. | | 0.00 | |
| | | 20a. 20b. | · - | 0.00 | |
| | Real estate taxes | 20b. 20c. | | | |
| | Property, homeowner's, or renter's insurance | | | 0.00 | |
| | Maintenance, repair, and upkeep expenses | 20d. | · | 0.00 | |
| | Homeowner's association or condominium dues | 20e. | · | 0.00 | |
| . Oth | er: Specify: | 21. | +\$ | 0.00 | |
| . Cal | culate your monthly expenses | | | | |
| | . Add lines 4 through 21. | | \$ | 4,096.00 | |
| | . Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | ! | \$ | 1,00000 | |
| | Add line 22a and 22b. The result is your monthly expenses. | | \$ | 4,096.00 | |
| 220 | . Add line 22a and 22b. The result is your monthly expenses. | | Ψ | 4,090.00 | |
| B. Cal | culate your monthly net income. | | | | |
| 23a | . Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 4,496.57 | |
| 23b | Copy your monthly expenses from line 22c above. | 23b. | -\$ | 4,096.00 | |
| | | | | · | |
| 230 | Subtract your monthly expenses from your monthly income. | 20 | • | 400 E7 | |
| | The result is your monthly net income. | 23c. | \$ | 400.57 | |
| For | you expect an increase or decrease in your expenses within the year after example, do you expect to finish paying for your car loan within the year or do you expect you lification to the terms of your mortgage? | you file this our mortgage | s form? payment to increa | ase or decrease because of a | |
| | | | | | |
| | Yes. Explain here: | | | | |

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| Fill in this infor | mation to identify your | case: | | |
|-------------------------|---------------------------|-----------------------------|--|---|
| Debtor 1 | Carlos J. Ponce | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Susan M. Ponce | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRIC | T OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an amended filing |
| Official Forn Declarat | | an Individua | l Debtor's Schedul | es 12/15 |
| £ 4 | | | | 41 |
| r two married pe | eople are filing together | r, both are equally respons | onsible for supplying correct informa | ition. |
| / | | | Malda a de de de de de Malda a de de | -1 |
| | | | | alse statement, concealing property, or |
| | | | ikruptcy case can result in fines up t | o \$250,000, or imprisonment for up to 20 |
| ears, or both. 1 | 8 U.S.C. §§ 152, 1341, 1 | 1519, and 3571. | | |
| | | | | |
| Sign | n Below | | | |
| Did you pa | y or agree to pay some | eone who is NOT an atto | rney to help you fill out bankruptcy f | forms? |
| ■ No | | | | |
| ☐ Yes. N | Name of person | | Δ1 | tach Bankruptcy Petition Preparer's Notice, |
| ☐ 103. I | | | | eclaration, and Signature (Official Form 119) |
| | | | | - |
| | | 4 411 14 | | |
| | e true and correct. | that I have read the sur | nmary and schedules tiled with this (| taclaration and |
| | e trae and correct. | | | acciaration and |
| X /s/ Car | los J. Ponce | | X /s/ Susan M. Ponce | accidination and |
| | | | | |
| Carlos | los J. Ponce | | X _/s/ Susan M. Ponce | |

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| Eill | in this infor | nation to identify you | r 00001 | | | |
|----------------------|--|---|--|---|---|---|
| | | nation to identify you | r case: | | | |
| Deb | otor 1 | Carlos J. Ponce | Middle Name | Last Name | | |
| Deb | otor 2 | Susan M. Ponce | | | | |
| (Spot | use if, filing) | First Name | Middle Name | Last Name | | |
| Unit | ed States Ba | nkruptcy Court for the: | NORTHERN DISTRICT O | OF ILLINOIS | | |
| Cas (if kno | e number _ | | | | | heck if this is an mended filing |
| Sta Be a infor | s complete a | of Financial and accurate as possinore space is needed, | attach a separate sheet to | re filing together, both are | ankruptcy equally responsible for sup additional pages, write you | |
| | | n). Answer every que: Details About Your Ma | stion. irital Status and Where You | Lived Before | | |
| | | r current marital statu | | | | |
| | ■ Married□ Not ma | | | | | |
| 2. | During the I | ast 3 years, have you | lived anywhere other than | where you live now? | | |
| | ■ No □ Yes. Lis | st all of the places you l | ived in the last 3 years. Do no | ot include where you live now | : | |
| | Debtor 1 Pi | ior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| state | es and territor | <i>ies</i> include Arizona, Ca | | vada, New Mexico, Puerto Ri | ity property state or territory co, Texas, Washington and W | |
| Part | Expla | in the Sources of You | r Income | | | |
| | Fill in the total | al amount of income yo | nployment or from operatin u received from all jobs and a have income that you receive | all businesses, including part- | | ndar years? |
| | □ No ■ Yes. Fil | I in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | of current year untiled for bankruptcy: | ☐ Wages, commissions, bonuses, tips | \$6,115.00 | ☐ Wages, commissions, bonuses, tips | \$0.00 |
| | | | Operating a business | | ☐ Operating a business | |

Official Form 107

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Debtor 1 Carlos J. Ponce
Debtor 2 Susan M. Ponce

Case number (if known)

| | Debtor 1 | | Debtor 2 | |
|---|--|---|--|---|
| | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | ■ Wages, commissions, bonuses, tips | \$2,600.00 | ☐ Wages, commissions, bonuses, tips | \$0.00 |
| | ☐ Operating a business | | ☐ Operating a business | |
| | ☐ Wages, commissions, bonuses, tips | \$0.00 | ■ Wages, commissions, bonuses, tips | \$12,590.00 |
| | ☐ Operating a business | | ☐ Operating a business | |
| | ☐ Wages, commissions, bonuses, tips | \$0.00 | ■ Wages, commissions, bonuses, tips | \$4,352.00 |
| | ☐ Operating a business | | ☐ Operating a business | |
| For last calendar year: (January 1 to December 31, 2016) | ☐ Wages, commissions, bonuses, tips | \$6,721.00 | ☐ Wages, commissions, bonuses, tips | \$0.00 |
| | Operating a business | | ☐ Operating a business | |
| | ■ Wages, commissions, bonuses, tips | \$16,661.67 | ☐ Wages, commissions, bonuses, tips | \$0.00 |
| | ☐ Operating a business | | ☐ Operating a business | |
| | ■ Wages, commissions, bonuses, tips | \$34,164.00 | ☐ Wages, commissions, bonuses, tips | \$0.00 |
| | ☐ Operating a business | | ☐ Operating a business | |
| | ☐ Wages, commissions, bonuses, tips | \$0.00 | ■ Wages, commissions, bonuses, tips | \$1,046.00 |
| | ☐ Operating a business | | ☐ Operating a business | |
| | ☐ Wages, commissions, bonuses, tips | \$0.00 | ■ Wages, commissions, bonuses, tips | \$34,910.00 |
| | ☐ Operating a business | | ☐ Operating a business | |
| For the calendar year before that: (January 1 to December 31, 2015) | ☐ Wages, commissions, bonuses, tips | \$60,292.00 | ☐ Wages, commissions, bonuses, tips | \$0.00 |
| | Operating a business | | ☐ Operating a business | |
| | ☐ Wages, commissions, bonuses, tips | \$216.67 | ☐ Wages, commissions, bonuses, tips | \$0.00 |
| | Operating a business | | ☐ Operating a business | |
| | ■ Wages, commissions, bonuses, tips | \$0.00 | ■ Wages, commissions, bonuses, tips | \$5,422.99 |
| | ☐ Operating a business | | ☐ Operating a business | |
| | | | | |

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Debtor 1 Carlos J. Ponce Debtor 2 Susan M. Ponce Case number (if known) Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income Gross income Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) \$0.00 \$6,009.00 ☐ Wages, commissions, Wages, commissions, bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income from** Sources of income **Gross income** Describe below. (before deductions Describe below. each source (before deductions and and exclusions) exclusions) From January 1 of current year until \$0.00 Unemployment \$9,386.00 the date you filed for bankruptcy: Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? □ No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. □ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Creditor's Name and Address Dates of payment **Total amount** Amount vou Was this payment for ... paid still owe Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Yes. List all payments to an insider. Amount you Insider's Name and Address **Dates of payment** Reason for this payment **Total amount**

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an
Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy page 3

paid

still owe

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☐ Yes

No

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| | otor 2 Susan M. Ponce | Case number | (if known) | |
|------|--|---|-----------------------------------|---------------------------|
| Part | t 5: List Certain Gifts and Contributions | | | |
| | Within 2 years before you filed for bankruptcy, o ■ No □ Yes. Fill in the details for each gift. | did you give any gifts with a total value of more t | than \$600 per person? | ? |
| | Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value |
| | Person to Whom You Gave the Gift and Address: | | | |
| | Within 2 years before you filed for bankruptcy, o ■ No | | al value of more than | \$600 to any charity? |
| | Yes. Fill in the details for each gift or contribut | ion. | | |
| | Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | Describe what you contributed | Dates you contributed | Value |
| Part | t 6: List Certain Losses | | | |
| - | Within 1 year before you filed for bankruptcy or or gambling? | since you filed for bankruptcy, did you lose any | thing because of thef | t, fire, other disaster |
| | ■ No □ Yes. Fill in the details. | | | |
| | how the loss occurred Include | ibe any insurance coverage for the loss the amount that insurance has paid. List pending the claims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property lost |
| Pari | t7: List Certain Payments or Transfers | | | |
| | Within 1 year before you filed for bankruptcy, di consulted about seeking bankruptcy or preparin Include any attorneys, bankruptcy petition preparer | ng a bankruptcy petition? | | rty to anyone you |
| | □ No ■ Yes. Fill in the details. | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| | William P. Drew III, Counselor at Law 1063 E. 9th Street Lockport, IL 60441 | \$1,500.00 including filing fee of \$310 | 2017 | \$1,500.00 |
| | Within 1 year before you filed for bankruptcy, di promised to help you deal with your creditors o Do not include any payment or transfer that you list | r to make payments to your creditors? | or transfer any prope | rty to anyone who |
| | ■ No □ Yes. Fill in the details. | | | |
| | Person Who Was Paid Address | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |

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Carlos J. Ponce Debtor 2 Susan M. Ponce

Case number (if known)

| 18. | Within 2 years before you filed for bankruptor transferred in the ordinary course of your but include both outright transfers and transfers may include gifts and transfers that you have already No Yes. Fill in the details. | usiness or financial affa de as security (such as t | nirs? he granting of a se | | • | |
|-----|---|--|------------------------------|--|---------------------|---|
| | Person Who Received Transfer Address Person's relationship to you | Description and v property transferr | | Describe any payments recepaid in exchan | eived or debts | Date transfer was made |
| 19. | Within 10 years before you filed for bankrupt beneficiary? (These are often called asset-production No Yes. Fill in the details. | | y property to a se | elf-settled trust o | r similar device of | which you are a |
| | Name of trust | Description and v | alue of the prope | rty transferred | | Date Transfer was made |
| Par | t 8: List of Certain Financial Accounts, Ins | truments, Safe Deposit | Boxes, and Stor | age Units | | |
| 20. | Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, assoc No Yes. Fill in the details. | r other financial accour | nts; certificates o | - | | |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of accoun instrument | t or Date ac closed, moved, transfe | or | Last balance before closing or transfer |
| 21. | Do you now have, or did you have within 1 yocash, or other valuables? No Yes. Fill in the details. | ear before you filed for | | · | · | ory for securities, |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, S State and ZIP Code) | | escribe the cont | ents | Do you still have it? |
| 22. | Have you stored property in a storage unit of No Yes. Fill in the details. | r place other than your | home within 1 ye | ear before you file | ed for bankruptcy | ? |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or h to it? Address (Number, S State and ZIP Code) | | escribe the cont | ents | Do you still have it? |
| Par | t 9: Identify Property You Hold or Control f | for Someone Else | | | | |
| 23. | Do you hold or control any property that son for someone. No Yes. Fill in the details. | neone else owns? Inclu | ude any property | you borrowed fro | om, are storing fo | r, or hold in trust |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the prop (Number, Street, City, S Code) | | escribe the prop | erty | Value |
| | t 10: Give Details About Environmental Info | | | | | |
| -or | the purpose of Part 10, the following definitio | ons appiy: | | | | |

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

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toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or

Debtor 1 Carlos J. Ponce
Debtor 2 Susan M. Ponce

Case number (if known)

| | regulations controlling the cleanup of these substances, wastes, or material. | | | | | | | | |
|-----|--|--|--|-------|--|--------------------|--|--|--|
| | Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. | | | | | | | | |
| | | dous material means anything an envi lous material, pollutant, contaminant, | ronmental law defines as a hazardous or similar term. | was | ste, hazardous substance, toxic | substance, | | | |
| Rep | ort all n | notices, releases, and proceedings tha | t you know about, regardless of when | n the | y occurred. | | | | |
| 24. | Has an | ny governmental unit notified you that | you may be liable or potentially liable | und | er or in violation of an environm | ental law? | | | |
| | ■ No | 0 | | | | | | | |
| | □ Ye | es. Fill in the details. | | | | | | | |
| | | of site PSS (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | | Environmental law, if you know it | Date of notice | | | |
| 25. | Have y | ou notified any governmental unit of a | any release of hazardous material? | | | | | | |
| | ■ No | o | | | | | | | |
| | □ Ye | es. Fill in the details. | | | | | | | |
| | | of site SSS (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | | Environmental law, if you know it | Date of notice | | | |
| 26. | Have y | ou been a party in any judicial or adm | inistrative proceeding under any envi | ronn | nental law? Include settlements | and orders. | | | |
| | ■ N | 0 | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | |
| | Case Case | Title Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nat | ure of the case | Status of the case | | | |
| Par | t 11: | Give Details About Your Business or C | Connections to Any Business | | | | | | |
| 27. | Within | 4 years before you filed for bankrupto | cy, did you own a business or have an | y of | the following connections to an | y business? | | | |
| | | A sole proprietor or self-employed in | a a trade, profession, or other activity, | eithe | er full-time or part-time | | | | |
| | | A member of a limited liability compa | any (LLC) or limited liability partnershi | ip (L | LP) | | | | |
| | | A partner in a partnership | | | | | | | |
| | | An officer, director, or managing exe | ecutive of a corporation | | | | | | |
| | | An owner of at least 5% of the voting | or equity securities of a corporation | | | | | | |
| | ■ No | o. None of the above applies. Go to P | art 12. | | | | | | |
| | □ Ye | es. Check all that apply above and fill | in the details below for each business | S. | | | | | |
| | | ess Name | Describe the nature of the business | | Employer Identification number | | | | |
| | Addre (Numbe | PSS er, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | | Do not include Social Security Dates business existed | number or ITIN. | | | |
| 28. | | 2 years before you filed for bankrupto tions, creditors, or other parties. | cy, did you give a financial statement t | to an | yone about your business? Incl | ude all financial | | | |
| | ■ N | 0 | | | | | | | |
| | □ Ye | es. Fill in the details below. | | | | | | | |
| | Name Addre (Numbe | | Date Issued | | | | | | |
| | | | | | | | | | |

Part 12: Sign Below

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| Deptor 1 Carlos J. Police | |
|---|---|
| Debtor 2 Susan M. Ponce | Case number (if known) |
| | |
| | Iking a false statement, concealing property, or obtaining money or property by fraud in connection |
| 18 U.S.C. §§ 152, 1341, 1519, and 3571. | up to \$250,000, or imprisonment for up to 20 years, or both. |
| | |
| /s/ Carlos J. Ponce | /s/ Susan M. Ponce |
| Carlos J. Ponce | Susan M. Ponce |
| Signature of Debtor 1 | Signature of Debtor 2 |
| Date _July 14, 2017 | Date July 14, 2017 |
| Did you attach additional pages to Your S | Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? |
| ■ No | |
| ☐ Yes | |
| Did you pay or agree to pay someone who | o is not an attorney to help you fill out bankruptcy forms? |
| ■ No | |
| ☐ Yes. Name of Person Attach the | Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| · | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtor and the attorney that conflicts with this agreement is void.

A. BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

B. AFTER THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor, in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
 - ■The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
 - (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
 - Pre-bankruptcy planning; foreclosure representation; and, other legal services, including advice on all debtor creditor relations matters
 - (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
 - (c) The retainer is a flat fee for the services to be rendered during the Chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;

- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the Chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

[Remaining page intentionally left blank.]

F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00.
- 2. In addition, the debtor will pay the filing fee required in the case and other expenses of \$310.00.
- 3. Before signing this agreement, the attorney has received , \$**1,190.00**

toward the flat fee, leaving a balance due of \$2,810.00; and \$0.00 for expenses,

leaving a balance due for the filing fee of \$0.00.

4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date: | appear in court to object. | |
|---------------------|----------------------------|--|
| Signed: | | |
| /s/ Carlos J. Ponce | /s/ William P. Drew III | |
| Carlos J. Ponce | William P. Drew III | |
| | Attorney for the Debtor(s) | |
| /s/ Susan M. Ponce | • | |
| Susan M. Ponce | | |
| Debtor(s) | | |
| | | |

Do not sign this agreement if the amounts are blank.

Local Bankruptcy Form 23c

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B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois

| In re | Carlos J. Ponce Susan M. Ponce | | Case No. | |
|---------|--|--|--------------------------|-------------------------------------|
| | - Custain in 1 Cities | Debtor(s) | Chapter | 13 |
| | DISCLOSURE OF COMPEN | | | |
| C | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: | | | |
| | | | | 4,000.00 |
| | Prior to the filing of this statement I have received | | \$ | 1,190.00 |
| | Balance Due | | \$ | 2,810.00 |
| 2. T | The source of the compensation paid to me was: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 3. T | The source of compensation to be paid to me is: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 4. | I have not agreed to share the above-disclosed compe | ensation with any other person | unless they are memb | pers and associates of my law firm. |
| [| ☐ I have agreed to share the above-disclosed compensate copy of the agreement, together with a list of the name | | | |
| 5. I | n return for the above-disclosed fee, I have agreed to ren | nder legal service for all aspect | s of the bankruptcy c | ase, including: |
| b c. | Analysis of the debtor's financial situation, and render Preparation and filing of any petition, schedules, state Representation of the debtor at the meeting of creditor [Other provisions as needed] | ment of affairs and plan which | may be required; | |
| 6. B | By agreement with the debtor(s), the above-disclosed fee | does not include the following | service: | |
| | | CERTIFICATION | | |
| | certify that the foregoing is a complete statement of any ankruptcy proceeding. | agreement or arrangement for | payment to me for re | epresentation of the debtor(s) in |
| Ju | ıly 14, 2017 | /s/ William P. Dre | w III | |
| Da | | William P. Drew I | | |
| | | Signature of Attorne William P. Drew I | y II, Counselor at La | w / 6201098 |
| | | 1063 E. 9th Stree Lockport, IL 6044 | | |
| | | (815) 838-1440 | | |
| | | billdrew@sbcglo | bal.net | |
| | | Name of law firm | | |

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United States Bankruptcy Court Northern District of Illinois

| In re | Carlos J. Ponce Susan M. Ponce | | Case No. | |
|-------|---|---|---------------------------------|---------------|
| | | Debtor(s) | Chapter 13 | |
| | V | ERIFICATION OF CREDITOR M | | |
| | | Number of | f Creditors: | 40 |
| | The above-named Debtor(s (our) knowledge. | s) hereby verifies that the list of credi | tors is true and correct to the | he best of my |
| Date: | July 14, 2017 | /s/ Carlos J. Ponce | | |
| | | Carlos J. Ponce | | |
| | | Signature of Debtor | | |
| Date: | July 14, 2017 | /s/ Susan M. Ponce | | |
| | | Susan M. Ponce | | |
| | | Signature of Debtor | | |

AMCA/Amer Medical Collection Agency 4 Westchester Plaza Suite 110 Elmsford, NY 10523

Armor Systems Co 1700 Kiefer Dr Ste 1 Zion, IL 60099

Atg Credit 1700 W Cortland St Ste 2 Chicago, IL 60622

ATG Credit LLC 1700 W Cortland St Ste 2 Chicago, IL 60622

Bay Area Credit Servic 1000 Abernathy Rd Ne Ste Atlanta, GA 30328

Cach, Llc 4340 S Monaco St Unit 2 Denver, CO 80237

Certified Services Inc 1733 Washington St Ste 2 Waukegan, IL 60085

Comenity Bank/Avenue Po Box 182789 Columbus, OH 43218

Comenity Bank/Dressbrn Po Box 182789 Columbus, OH 43218

Comenity Bank/Fashbug Po Box 182272 Columbus, OH 43218

Comenity Bank/Gordmans PO Box 182125 Columbus, OH 43218

Comenity Bank/Justice Po Box 182789 Columbus, OH 43218

Comenity Bank/Lane Bryant Attn: Bankruptcy PO Box 182125 Columbus, OH 43218

Comenity Bank/Nwyrk&Co 220 W Schrock Rd Westerville, OH 43081

Comenity Bank/Victoria Secret Attn: Bankruptcy PO box 182125 Columbus, OH 43218

Credit Protection Asso 13355 Noel Rd Ste 2100 Dallas, TX 75240

Creditors Collection B 755 Almar Pkwy Bourbonnais, IL 60914

Creditors Discount & A 415 E Main St Streator, IL 61364

Fingerhut 6250 Ridgewood Rd Saint Cloud, MN 56303

Gecrb/Jcp Po Box 984100 El Paso, TX 79998

I C System Inc Po Box 64378 Saint Paul, MN 55164 James M. Joyce c/o James P. Newsom 8643 Ogden Avenue Lyons, IL 60534

Kohls/Capone N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051

Mbb 1460 Renaissance Dr Park Ridge, IL 60068

Med Business Bureau 1460 Renaissance Dr #400 Park Ridge, IL 60068

Merchants Credit 223 W Jackson Blvd Ste 700 Chicago, IL 60606

Merchants Credit Guide 223 W Jackson Blvd Ste 4 Chicago, IL 60606

Midland Funding 8875 Aero Dr Ste 200 San Diego, CA 92123

Miramed Revenue Group 991 Oak Creek Dr Lombard, IL 60148

Miramedrg 991 Oak Creek Dr Lombard, IL 60148

Nationstar Mortgage 8950 Cypress Waters Blvd Coppell, TX 75019

Nrthn Resol Po Box 566 Amherst, NY 14226 Optima Recovery Service 6215 Kingston Pike Ste A Knoxville, TN 37950

Portfolio Recvry&Affil 120 Corporate Blvd Ste 1 Norfolk, VA 23502

Seventh Avenue 1112 7th Ave Monroe, WI 53566

State Collection Servi 2509 S Stoughton Rd Madison, WI 53716

Target C/O Financial and Retail Srvs Mailstopn BT POB 9475 Minneapolis, MN 55440

The Wirbicki Law Group LLC 33 W. Monroe Street Suite 1140 Chicago, IL 60603

Vision Financial Servi 1900 W Severs Rd La Porte, IN 46350

Weltman, Weiberg & Reis Co., L.P.A. 180 N. LaSalle Street Suite 2400 Chicago, IL 60601